

**PART B - FEE(S) TRANSMITTAL**



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00909 7590 07/27/2004

**PILLSBURY WINTHROP, LLP**  
P.O. BOX 10500  
MCLEAN, VA 22102

10/01/2004 CNGUYEN1 00000192 033975 10660630

01 FC:1501 1330.00 DA  
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/660,630      | 09/12/2003  | Paul J. Lemens       | 081069-0305925      | 7071             |

TITLE OF INVENTION: MASTER PROCESSING APPARATUS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
|-------------|--------------|-----------|-----------------|------------------|----------|

|                |    |        |       |        |            |
|----------------|----|--------|-------|--------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 10/27/2004 |
|----------------|----|--------|-------|--------|------------|

| EXAMINER       | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| SELLS, JAMES D | 1734     | 156-555000     |

|   |   |  |
|---|---|--|
| I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).<br><input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.<br><input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | <input checked="" type="checkbox"/> Pillsbury Winthrop LLP<br>2_____<br>3_____ |
|---|---|--|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

XYRON, INC.

Scottsdale, Arizona

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee  
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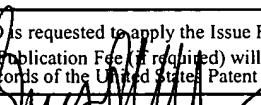
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3975 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)  (Date)

Bryan P. Collins, R.N. 43560

09/30/2004

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